

**DEPARTMENT REVENUE AND EXPENDITURE CATEGORY SUMMARY**

Rolls up from Form(s) 200

Prepare one Form 100 for Department. Round figures to the nearest \$100.

<b>Financing</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
General Fund					\$0	--
School Funds					0	--
Transportation Fund					0	--
Federal Funds					0	--
Dedicated Credits					0	--
Mineral Lease					0	--
Restricted Accounts					0	--
Transfers					0	--
Beginning Balances					0	--
Closing Balances					0	--
Lapsing Funds					0	--
Other					0	--

<b>Total Financing</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Expenditures</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
Personal Services					\$0	--
In-State Travel					0	--
Out-of-State Travel					0	--
Current Expense					0	--
D.P. Current Expense					0	--
D.P. Capital Outlay					0	--
Capital Outlay					0	--
Pass Through/Other					0	--

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Full-time Equivalents (FTEs)</b>					<b>0.0</b>	<b>--</b>
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Department:

Contact:

Phone Number:

## DEPARTMENT LINE ITEM SUMMARY

Rolls up from Form(s) 201

[illegible]

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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**Department:**

**Contact:**

**Phone Number:**

**MISSION STATEMENT, GOALS/OBJECTIVES, AND RECENT ACCOMPLISHMENTS**

**A. Provide the department mission statement. See FY 2003 Governor's Budget Recommendations book.**

**B. List three or four major department goals and objectives (see sample for format):**

**Sample:** Provide for the efficient movement of goods and the traveling public by preserving and developing the state highway infrastructure.

1.

2.

3.

4.

**C. Identify three or four of the department's recent major accomplishments (see sample):**

**Sample:** Developed and implemented a program to provide additional instructional resources to schools that are highly impacted by at-risk students as a result of economic conditions, ethnic and cultural differences, and limited English proficiency.

1.

2.

3.

4.

**Department:**

**Contact:**

**Phone Number:**

**LEGISLATIVE INTENT STATEMENTS**

Identify all proposed legislative intent statements.

**1. *Proposed Intent Statement***

Line Item:

Please Check One:

(FY 2003) (FY 2004)

**2. *Proposed Intent Statement***

Line Item:

Please Check One:

(FY 2003) (FY 2004)

**3. *Proposed Intent Statement***

Line Item:

Please Check One:

(FY 2003) (FY 2004)

**Department:****Contact:****Phone Number:**

## PRELIMINARY LEGISLATIVE ISSUE ANALYSIS / RECOMMENDATION

<p>Please complete this form and return it to your policy analyst in the Governor's Office of Planning and Budget no later than September 30, 2002. <u>Please fill out a separate form for each piece of legislation.</u></p> <p>Please list ALL issues that may affect your department regardless of whether the department is supporting the bill or whether there is a financial impact.</p>	<p><i>If known, list bill title and sponsor:</i></p> <p><b>Bill Title:</b></p>  <p><b>Sponsor:</b></p>
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**Brief Description:**

**Public Policy Issues and Considerations:**

**List Impacted Persons/Parties:**

<p><b>Describe Fiscal Impact: (Include information regarding funding source.)</b></p>	<p><b>Fiscal Note FY03: \$</b></p>
	<p><b>Fiscal Note FY04: \$</b></p>

**Please check ONE of the following:**

**I recommend the governor:**

☐ **Support this bill**  
☐ **Oppose this bill**  
☐ **Take no position on this bill at this time**

**Explain your recommendation:**

**Department:**

**Contact:**

**Phone Number:**

DEPARTMENT BUDGET INCREASE SUMMARY - FY 2004 BUILDING BLOCKS

This form should summarize the Form 400 FY 2004 Financing column

Prior. No.	Budget Increase Description	For One-Time Enter "X"	General Fund	Uniform School Fund	Trans- portation Fund	Federal Funds	Dedicated Credits	Restricted Funds	Other	Total	FTEs
1										0	
2										0	
3										0	
4										0	
5										0	
6										0	
7										0	
8										0	
9										0	
10										0	
11										0	
12										0	
13										0	
14										0	
15										0	
16										0	
17										0	
18										0	
19										0	
20										0	

Total		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0
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FY 2004 Beginning Base Budget (From Guidelines)										\$0	
--	--	--	--	--	--	--	--	--	--	-----	--

Percentage Increase		--	--	--	--	--	--	--	--	--	--
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Department:

Contact:

Phone Number:

**DEPARTMENT BUDGET INCREASE SUMMARY - FY 2003 SUPPLEMENTALS**

This form should summarize the Form 600 FY 2003 Financing column

Prior. No.	Budget Increase Description	For One-Time Enter "X"	General Fund	Uniform School Fund	Trans- portation Fund	Federal Funds	Dedicated Credits	Restricted Funds	Other	Total	FTEs
1		X								0	
2		X								0	
3		X								0	
4		X								0	
5		X								0	
6		X								0	
7		X								0	
8		X								0	
9		X								0	
10		X								0	
11		X								0	
12		X								0	
13		X								0	
14		X								0	
15		X								0	
16		X								0	
17		X								0	
18		X								0	
19		X								0	
20		X								0	

Total		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0
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FY 2003 Authorized Budget (From Guidelines)									\$0	
--	--	--	--	--	--	--	--	--	-----	--

Percentage Increase		--	--	--	--	--	--	--	--	--
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Department:

Contact:

Phone Number:

**LINE ITEM REVENUE AND EXPENDITURE CATEGORY SUMMARY**

Rolls up from Form(s) 300

Prepare one Form 200 for each line item or 200-level organization. Round figures to the nearest \$100.

<b>Financing</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
General Fund					\$0	--
Uniform School Fund					0	--
Transportation Fund					0	--
Federal Funds					0	--
Dedicated Credits					0	--
Mineral Lease					0	--
Restricted Accounts					0	--
Transfers					0	--
Beginning Balances					0	--
Closing Balances					0	--
Lapsing Funds					0	--
Other					0	--

<b>Total Financing</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Expenditures</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
Personal Services					\$0	--
In-State Travel					0	--
Out-of-State Travel					0	--
Current Expense					0	--
D.P. Current Expense					0	--
D.P. Capital Outlay					0	--
Capital Outlay					0	--
Pass Through/Other					0	--

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Full-time Equivalents (FTEs)</b>					<b>0.0</b>	<b>--</b>
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**Department:****Contact:****Line Item/Division:****Phone Number:**



### PROGRAM SUMMARY WITHIN LINE ITEM

Rolls up from Form(s) 301

[illegible]

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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**Department:**

**Contact:**

**Line Item/Division:****Phone Number:**

## NONLAPSING SUMMARY BY LINE ITEM

### FY 2003 Estimated Nonlapsing Funds

FY 2004 Requested Expenditure Category	Amount
Capital Equipment or Improvements	
Computer Equipment/Software	
Employee Training/Incentives	
Equipment/Supplies	
Special Projects/Studies	
Vehicles	
Other (please list )	

**Department:**

**Contact:**

**Line Item/Division:**

**Phone Number:**



## OPERATION AND MAINTENANCE EXPENDITURES

Prepare one Form 250 for each division or 200-level organization within your agency. Round figures to the nearest \$100. If your agency tracks O&M expenditures at the department level, complete only one Form 250 for the entire agency.

	A	B	C	D	E	F	G
	Actual FY 2002	Authorized FY 2003	Requested Increase FY 2003	Base FY 2004	Requested Increase FY 2004	% Increase FY 2004	Total Requested Incr. (03 & 04)
1 O&M - Personal Services						--	\$0
2 O&M - Current Expense						--	0
3 O&M - Capital Outlay						--	0
4 Total O&M Expenditures	\$0	\$0	\$0	\$0	\$0	--	\$0
5 Total O&M FTEs						--	0
6 Total square feet maintained by the Division						--	0

### INSTRUCTIONS:

General -- This form gathers information about costs your agency incurs for operating and maintaining state-owned facilities. DO NOT include costs of service contracts with DFCM or costs where O&M is included in the lease payment to the owner of a nonstate-owned facility. Also, DO NOT include on this form the cost of capital improvement projects approved by the State Building Board.

Line 1 -- Include ONLY those employees whose primary responsibilities are for operating and maintaining your facilities. DO NOT attempt to allocate any portion of a non-maintenance employee's costs to O&M - Personal Services above. For example, a park ranger who also paints the restrooms and fixes the sprinkler system should NOT be included.

Lines 2 and 3 -- Refer to the definition of "Operations and Maintenance" adopted by the State Building Board (attached) to determine how much of your Current Expense and Capital Outlay budgets are used for operating and maintaining your buildings, grounds, parking lots, parks, and other facilities. All expenditures incurred by your agency which fit this definition should be reported on this form. DO NOT include the cost of capital improvement projects approved by the State Building Board.

Line 4 -- Sum Lines 1, 2, and 3.

Line 5 -- Report the number of FTEs whose costs are shown on Line 1.

Line 6 -- Estimate the total amount of state-owned space your agency maintains. DO NOT include space maintained by DFCM or by the owner of a nonstate-owned building.

Column A -- Include only those expenditures actually incurred by your agency during FY 2002 for maintaining a state-owned facility.

Columns B and D -- Estimate the total amount of funds in your budget available for operating and maintaining your facilities.

Columns C and E -- Request any changes to your O&M funding in the current and budget years. Your O&M request should match one of the following:

- a. A specific building block request or the O&M portion of a specific building block request from a Form 400 or Form 600
- b. A redistribution of your existing base budget (describe the redistribution)

Column F -- Column E divided by Column D.

Column G -- Sum Columns C and E.

**Department:**

**Contact:**

**Line Item/Division:**

**Phone Number:**

**PROGRAM REVENUE AND EXPENDITURE CATEGORY SUMMARY**

Prepare one Form 300 for each program as represented by a 300-level organization. Round figures to the nearest \$100.

<b>Financing</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
General Fund					\$0	--
School Funds					0	--
Transportation Fund					0	--
Federal Funds					0	--
Dedicated Credits					0	--
Mineral Lease					0	--
Restricted Accounts					0	--
Transfers					0	--
Beginning Balances					0	--
Closing Balances					0	--
Lapsing Funds					0	--
Other					0	--

<b>Total Financing</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Expenditures</b>	<b>Actual FY 2002</b>	<b>Authorized FY 2003</b>	<b>Base Request FY 2004</b>	<b>Budget Increase Request FY 2004</b>	<b>Total Request FY 2004</b>	<b>% Increase FY 2004</b>
Personal Services					\$0	--
In-State Travel					0	--
Out-of-State Travel					0	--
Current Expense					0	--
D.P. Current Expense					0	--
D.P. Capital Outlay					0	--
Capital Outlay					0	--
Pass Through/Other					0	--

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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<b>Full-time Equivalents (FTEs)</b>					<b>0.0</b>	<b>--</b>
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**Department:****Contact:****Line Item/Division:****Phone Number:****Program:**

## PROGRAM EXPENDITURE DETAIL

Round figures to the nearest \$100

[illegible]

<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>--</b>
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**Department:**

**Contact:**

**Line Item/Division:**

**Phone Number:**

**Program:**

## PROGRAM SALARIES SUMMARY

[illegible]

<b>Total FTEs, Salaries, Benefits, and Total Compensation</b>	<b>0.0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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**Department:**

**Contact:**

**Line Item/Division:****Phone Number:**

**Program:**

**DETAIL OF EMPLOYEE BENEFITS**

Please provide the number of employees or total salary and the applicable rate for each benefit component.

BENEFIT	FY 2002 Actual	FY 2003		
		No. of Empl.	Average Rate	Authorized

Employee Life Insurance				0
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<b>Health and Hospital Insurance</b>				
Employee				0
Employee plus One				0
Employee plus two or more				0
<b>Total Health and Hosp. Ins.</b>	<b>0</b>	<b>0.0</b>		<b>0</b>

<b>Dental Insurance</b>				
Employee				0
Employee plus One				0
Employee plus two or more				0
<b>Total Dental Insurance</b>	<b>0</b>	<b>0.0</b>		<b>0</b>

<b>Retirement</b>		<b>Salaries</b>		
State Employee Contributory				0
State Employee Non-Contributory				0
Other Retirement				0
<b>Total Retirement</b>	<b>0</b>	<b>0</b>		<b>0</b>

<b>Social Security</b>		<b>Salaries</b>		
Total Salary (OASDI + Medicare)			7.65% to \$81,900	0
Total Salary (Medicare, only)			1.45% > \$81,900	0
<b>Total Social Security (Adj.)</b>	<b>0</b>			<b>0</b>

<b>Other</b>		<b>Salaries</b>		
Unemployment Insurance				0
Worker's Compensation				0
Long-term Disability				0
Compensated Absence Pool				0

<b>TOTAL EMPLOYEE BENEFITS</b>	<b>\$0</b>			<b>\$0</b>
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Department:

Contact:

Line Item/Division:

Phone Number:

Program:



**COST-OF-LIVING ADJUSTMENT (COLA)****Detail of One Percent Change**

	<b>Total Salary FY 2003</b>	<b>1% Salary Change</b>
<b>Salary and Wages Applicable to COLA</b>		<b>\$0</b>

**Benefits**

<b>Retirement</b>	<b>Total Benefits FY 2003</b>	<b>1% Benefit Change</b>
State Employee Contributory		0
State Employee Non-Contributory		0
P. Safety--Corrections		0
P. Safety--Highway Patrol		0
P. Safety--Liquor Law Enforcement		0
P. Safety--Natural Resources		0
P. Safety--Non-Contributory		0
Salary Deferral State Paid		0
Judges		0
Unemployment Insurance		0
Worker's Compensation		0
Long-term Disability		0
Compensated Absence Pool		0
Social Security		0
<b>Benefits Totals</b>	<b>0</b>	<b>0</b>

<b>Total 1% Change in Salary and Variable Benefits</b>		<b>\$0</b>
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<b>Financing for COLA</b>	
General Fund	
Uniform School Fund	
Transportation Fund	
Federal Funds	
Dedicated Credits	
Mineral Lease	
Restricted Accounts	
Transfers (specify)	
Other (specify)	

<b>Total 1% Change in Revenue</b>	<b>\$0</b>
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Note: The financing for the COLA must come from the sources that are actually available for compensation.  
Total 1% Change in Revenue must equal Total 1% Change in Salary and Variable Benefits.

**Department:****Contact:****Line Item/Division****Phone Number:****Program:**

**PERFORMANCE AND PRODUCTIVITY (MERIT)****Detail of One Percent Change**

	<b>Total Salary FY 2003</b>	<b>1% Salary Change</b>
<b>Salary and Wages Applicable to Merit</b>		<b>\$0</b>

**Benefits**

<b>Retirement</b>	<b>Total Benefits FY 2003</b>	<b>1% Benefit Change</b>
State Employee Contributory		0
State Employee Non-Contributory		0
P. Safety--Corrections		0
P. Safety--Highway Patrol		0
P. Safety--Liquor Law Enforcement		0
P. Safety--Natural Resources		0
P. Safety--Non-Contributory		0
Salary Deferral State Paid		0
Judges		0
Unemployment Insurance		0
Worker's Compensation		0
Long-term Disability		0
Compensated Absence Pool		0
Social Security		0
<b>Benefits Totals</b>	<b>0</b>	<b>0</b>

<b>Total 1% Change in Salary and Variable Benefits</b>		<b>\$0</b>
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<b>Financing for MERIT</b>	
General Fund	
Uniform School Fund	
Transportation Fund	
Federal Funds	
Dedicated Credits	
Mineral Lease	
Restricted Accounts	
Transfers (specify)	
Other (specify)	
<b>Total 1% Change in Revenue</b>	<b>\$0</b>

Not all employees qualify for MERIT increases. This form should only reflect the cost for those who qualify.

Note: The financing for the MERIT must come from the sources that are actually available for compensation.  
Total 1% Change in Revenue must equal Total 1% Change in Salary and Variable Benefits.

**Department:****Contact:****Line Item/Division****Phone Number:****Program:**

## PROGRAM DESCRIPTION

Prepare separate forms for each program.

**Describe the program, including need for the program and how the need is met. Specify statutory authority.**

**How does this program meet department goals and objectives? Be specific:**

**Provide five year history of three most important measures for this program, plus projections for FY 03 and FY 04.**  
*(Include most current value for these three measures plus all other program measures on Form 361.)*

**If none, describe how you will measure the level of success of the program.**

**Department:**

**Contact:**

**Line Item/Division:**

**Phone Number:**

**Program:**

## Performance Measures Inventory

Prepare separate forms for each program.

	Measure Title / Description	Purpose of Measure	Most Recent Value	Period Covered
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Department:**

**Contact:**

**Line Item/Division:**

**Phone Number:**

**Program:**

**FEDERAL FUNDING DETAIL**

Use as many forms as necessary to show all Federal funding detail

<b>FEDERAL FUNDING TITLE</b>	Federal Catalog Number
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<b>Federal Funding Agency</b>
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<b>Description and Purpose of Federal Grant:</b>
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**FINET Accounting Information**

Fund Number		Agency Number		Low Org Number	
Appropriation Unit		Revenue Source Code			

**Current Funding Sources**

Fiscal Year	Federal Funding	State Funding*	Total Funding	Required State Match Rate	Required State Maintenance of Effort \$ Amt.
FY 2002 Actual		-			
FY 2003 Authorized		-			
FY 2004 Requested		-			

**\* State Funding Sources**

Fiscal Year	General Fund	Uniform School Fund	Transportation Fund	Other Funds	In-Kind Funds	Total State Funding
FY 2002 Actual						-
FY 2003 Authorized						-
FY 2004 Requested						-

**Comments:****Department:****Contact:****Line Item / Division:****Phone Number:****Program:*****Note:** This form does not replace the "Federal Assistance Application - State of Utah Budget Impact Form"*

**Summary of Dedicated Credits**

Use as many forms as necessary to show all Dedicated Credit detail

Dedicated Credit Name	Largest State Programs Funded	Authority Reference	% of Program Funded	Account Code	Actual FY 2002	Authorized FY 2003	Request FY 2004
	1.						
	2.						
	3.						
	All Others						
Revenue Rates Charged (up to 4 rates)	1.	2.	3.	4.			
Rate Methodology							

Dedicated Credit Name	Largest State Programs Funded	Authority Reference	% of Program Funded	Account Code	Actual FY 2002	Authorized FY 2003	Request FY 2004
	1.						
	2.						
	3.						
	All Others						
Revenue Rates Charged (up to 4 rates)	1.	2.	3.	4.			
Rate Methodology							

Dedicated Credit Name	Largest State Programs Funded	Authority Reference	% of Program Funded	Account Code	Actual FY 2002	Authorized FY 2003	Request FY 2004
	1.						
	2.						
	3.						
	All Others						
Revenue Rates Charged (up to 4 rates)	1.	2.	3.	4.			
Rate Methodology							

**Department:****Contact:****Line Item/Division:****Phone Number:****Program:**

**LEASES****A. Capital Leases**

	<b>Request FY 2004</b>	<b>Request FY 2005</b>	<b>Request FY 2006</b>	<b>Request After 2006</b>	<b>Total Principal</b>	<b>Total Interest</b>	<b>Total Cost</b>
1.A. Payment due on principal for leases in effect as of 6/30/03							
B. Payment due on interest for leases in effect as of 6/30/03							
C. Payment due on principal for new leases requested beginning 7/01/2003							
D. Payment due on interest for new leases requested beginning 7/01/2003							
<b>E. Total Principal (A + C)</b>							
<b>F. Total Interest (B + D)</b>							

**B. Operating Leases**

	<b>Request FY 2004</b>	<b>Request FY 2005</b>	<b>Request FY 2006</b>	<b>Request After 2006</b>	<b>Total Principal</b>	<b>Total Interest</b>	<b>Total Cost</b>
2.A. Payment due on leases in effect as of 6/30/03							
B. Payment due on new leases requested beginning 7/01/2003							
<b>C. TOTAL</b>							

**C. Total Leases**

	<b>Request FY 2004</b>	<b>Request FY 2005</b>	<b>Request FY 2006</b>	<b>Request After 2006</b>			<b>Total Cost</b>
3. Total payment on lease commitments as of 6/30/03 (1A + 1B + 2A )							
4. Total payment due on new leases beginning 7/01/2003 (1C + 1D + 2B)							
<b>5. Total Payments Due (Line 3 + line 4)</b>							

**Department:****Contact:****Line Item/Division:****Phone Number:****Program:**

**REQUESTED LEASE DETAIL**

Use additional pages, if needed

**A. Capital Leases**

Low Org	Acct. No.	Item Description	Lease Period	Interest Rate	Annual Payments					Total Cost
					Est. FY 2004	Est. FY 2005	Est. FY 2006	After 2006		
					P					
					I					
					P					
					I					
					P					
					I					
					P					
					I					
					P					
					I					
		Total Principal (7301)		P						
		Total Interest (6266)		I						
		Total Amount								

**B. Operating Leases**

Low Org	Acct. No.	Item Description	Lease Period	Annual Payments				Total Cost
				Est. FY 2004	Est. FY 2005	Est. FY 2006	After 2006	
		Total Amount						

Department:

Contact:

Line Item/Division:

Phone Number:

Program:



**REQUEST FOR INCREASE IN FUNDS FOR FY 2004 BUDGET**

Prepare separate Forms 400 for each budget increase - Attach supporting detail

<b>Description:</b>		<b>Priority No.</b>						
<b>Program Name:</b>	<b>Check One:</b> Ongoing _____ Onetime _____	<b>Legislation Needed?</b>						
<p>What is the authority reference mandating this request (ie federal law, state law, court action, Governor's initiative)?</p> <p>Describe how this request meets the "Mandatory" definition in the FY 2004 budget guidelines and the statute or court action mandating the program or service provided by your agency (<b>public health and safety requests must constitute an emergency or critical need</b>).</p>								
<p>Provide a three-year history and two-year projection of the workload, caseload, or other measure for this program or service:</p> <table> <tr> <td><b>FY 2000 Actual:</b></td> <td><b>FY 2003 Projected Total:</b></td> </tr> <tr> <td><b>FY 2001 Actual:</b></td> <td><b>FY 2004 Projected Total:</b></td> </tr> <tr> <td><b>FY 2002 Actual:</b></td> <td><b>FY 2004 Projected % Increase:</b></td> </tr> </table>			<b>FY 2000 Actual:</b>	<b>FY 2003 Projected Total:</b>	<b>FY 2001 Actual:</b>	<b>FY 2004 Projected Total:</b>	<b>FY 2002 Actual:</b>	<b>FY 2004 Projected % Increase:</b>
<b>FY 2000 Actual:</b>	<b>FY 2003 Projected Total:</b>							
<b>FY 2001 Actual:</b>	<b>FY 2004 Projected Total:</b>							
<b>FY 2002 Actual:</b>	<b>FY 2004 Projected % Increase:</b>							
<p>What are the goal(s), objective(s), and performance measure(s) that directly relate to this request; and how will they be impacted? For each measure, <b>attach</b> a five-year history plus projected measure values for FY 03 and FY 04.</p>								
<p>What changes in program(s), service(s), expenditure(s), fee(s), etc. will be made if this request is not funded?</p>								
<p><b>Attach</b> a computation sheet that outlines how the requested amount was determined. Include the number of FTE and the payroll cost for each; additional space requirements; the types and amounts of equipment and related cost; the number of individuals served by the request and the annual service cost per individual; and similar data for all other expenses.</p>								

**Budget Increase Summary**

Financing	FY 2004
General Fund	
School Funds	
Transportation Fund	
Federal Funds	
Dedicated Credits	
Restricted Funds	
Transfers (specify)	
Other (specify)	
Beginning Balance	
<b>Total Financing</b>	

Expenditures	FY 2004
Pers. Services	
In-State Travel	
Out-of-State Travel	
Current Expense	
DP Current Expense	
DP Capital	
Capital Outlay	
Pass Thru/Other	
<b>Total Expenditures</b>	
<b>Positions:</b>	

Percentage Increase of Request	
FY04 Base Budget for this Program	
<b>FY04 Requested % Increase</b>	

**Department:****Contact:****Line Item/Division:****Phone Number:**

**REQUEST FOR FUNDS FOR FY 2003 SUPPLEMENTAL**

Prepare separate Forms 600 for each budget increase - Attach supporting detail

<b>Description:</b>		<b>Priority No.</b>
<b>Program Name:</b>	One-time Supplemental	<b>Legislation Needed?</b>
What is the authority reference mandating this request (ie federal law, state law, court action, Governor's initiative)?		
Describe how this request meets the "Mandatory" definition in the FY 2004 budget guidelines and the statute or court action mandating the program or service provided by your agency ( <b>public health and safety requests must constitute an emergency or critical need</b> ).		
Provide a three-year history and two-year projection of the workload, caseload, or other measure for this program or service:		
<b>FY 2000 Actual:</b>	<b>FY 2003 Projected Total:</b>	
<b>FY 2001 Actual:</b>	<b>FY 2004 Projected Total:</b>	
<b>FY 2002 Actual:</b>	<b>FY 2004 Projected % Increase:</b>	
What are the goal(s), objective(s), and performance measure(s) that directly relate to this request; and how will they be impacted? For each measure, <b>attach</b> a five-year history plus projected measure values for FY 03 and FY 04.		
What changes in program(s), service(s), expenditure(s), fee(s), etc. will be made if this request is not funded?		
<b>Attach</b> a computation sheet that outlines how the requested amount was determined. Include the number of FTE and the payroll cost for each; additional space requirements; the types and amounts of equipment and related cost; the number of individuals served by the request and the annual service cost per individual; and similar data for all other expenses.		

**Budget Increase Summary**

Financing	FY 2003
General Fund	
School Funds	
Transportation Fund	
Federal Funds	
Dedicated Credits	
Restricted Funds	
Transfers (specify)	
Other (specify)	
Beginning Balance	
<b>Total Financing</b>	

Expenditures	FY 2003
Pers. Services	
In-State Travel	
Out-of-State Travel	
Current Expense	
DP Current Expense	
DP Capital	
Capital Outlay	
Pass Thru/Other	
<b>Total Expenditures</b>	
<b>Positions:</b>	

Percentage Increase of Request	
FY03 Base Budget for this Program	
<b>FY03 Requested % Increase</b>	

Indicate any additional funding that might be required for this request in future years:

**Department:****Contact:****Line Item/Division:****Phone Number:**